

DOUGLAS COUNTY, KS TREATMENT & RECOVERY CENTER





TREATMENT & RECOVERY CENTER

- ▶ Officially opened April 10th
- ▶ Operated by Bert Nash Center, 1st licensed CCBHC in the state
- ▶ Will serve adults with serious mental health illness, substance use disorders & addiction by providing medical care & behavioral health treatment services
- ▶ Interdisciplinary staff of 70
- ▶ Service intensive, low volume



ACCESS CENTER

- ▶ Open weekdays 8 AM to 8 PM and weekends noon to 4 PM 365 days/year
- ▶ Any can come through the door where they'll receive assistance

INTAKE AREA

Clients get an initial assessment,
triaged for treatment



COMMAND CENTER

- ▶ Provides nursing staff ability to observe each of two units either side
- ▶ Single location for clients from either unit to see the pharmacist





OBSERVATION ROOMS

- ▶ **23-hour observation unit** where behavioral health professionals will attempt to calm and stabilize patients while also working on a treatment and recovery plan.
- ▶ **Stabilization unit** where patients will be able to recover for a couple of days while receiving a treatment and recovery plan.



FIRST RESPONDER ACCESS

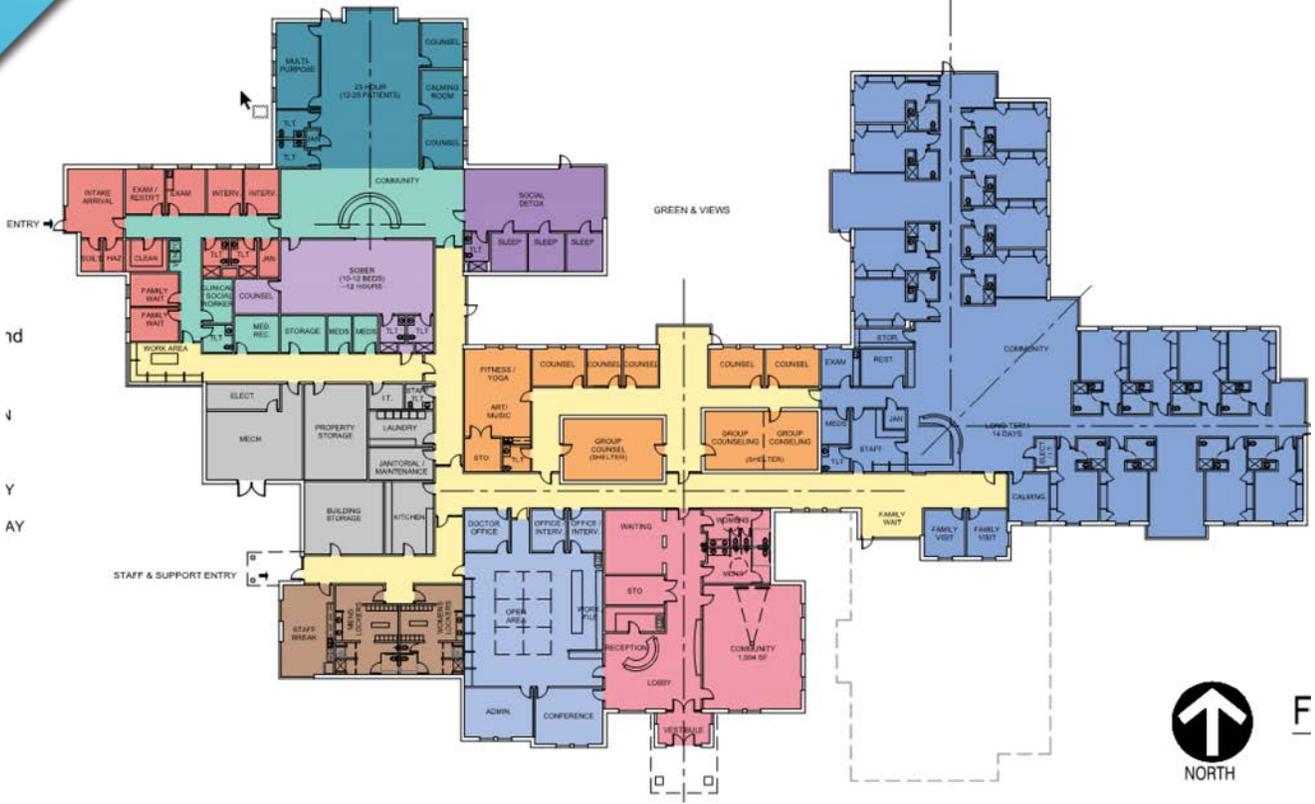




HOW DID IT COME TO THIS?

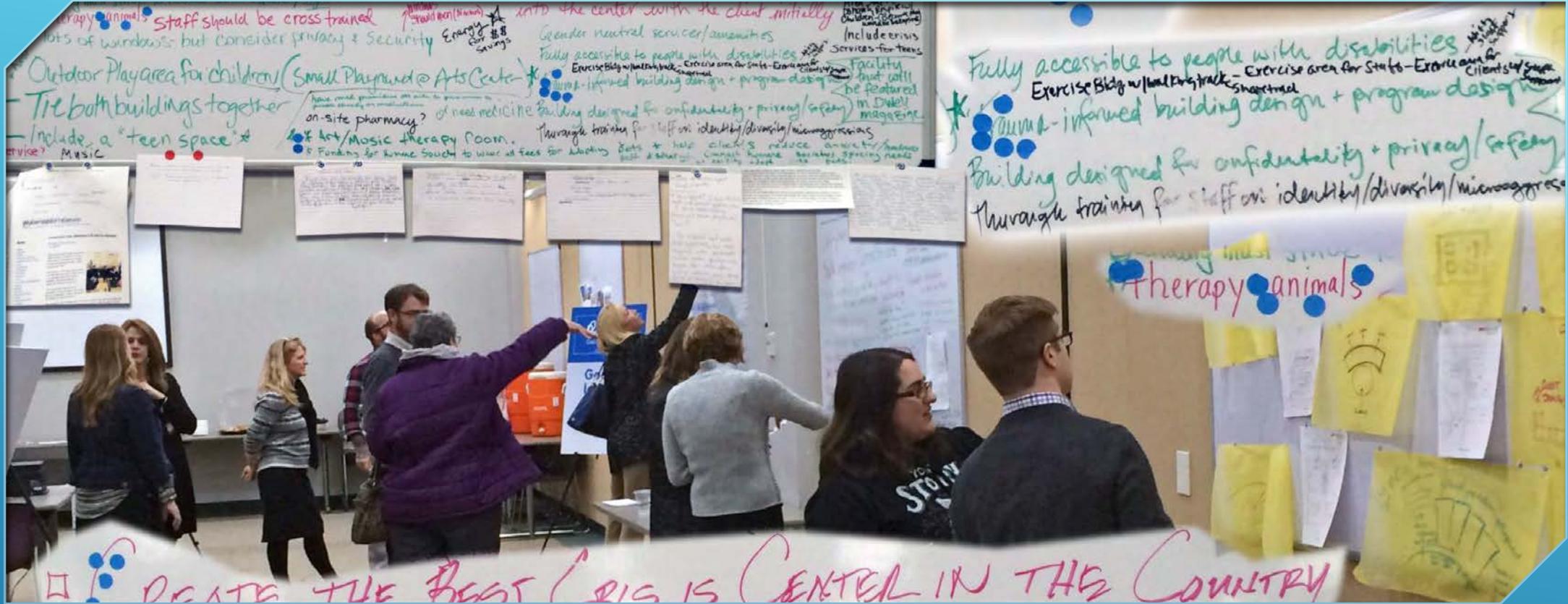
GOAL: BUILD A CRISIS CENTER

- ▶ Few partners involved
- ▶ Result: traditional clinic design

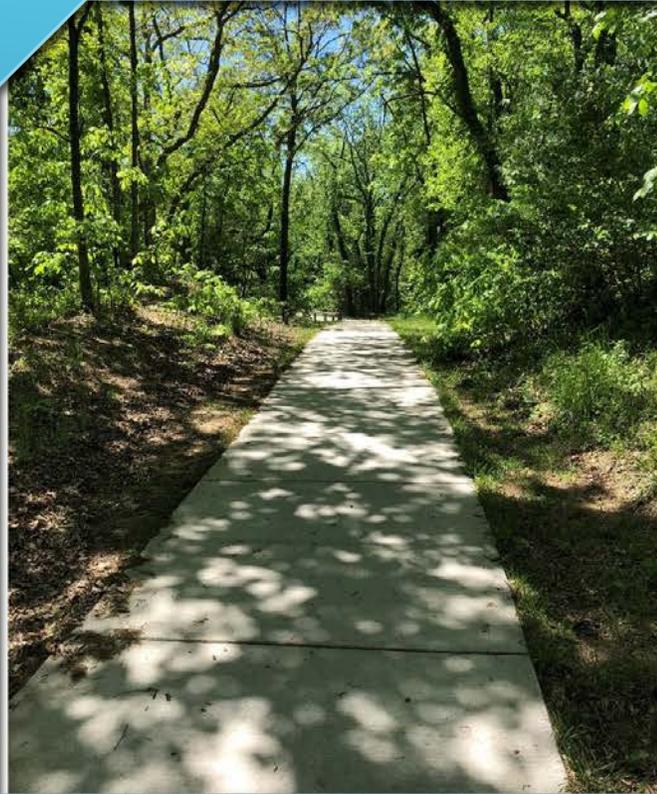




BEHAVIORAL HEALTH LEADERSHIP COALITION



ENGAGEMENT



Behavioral Health Leadership Coalition

VISION

An integrated system of behavioral health care that serves the whole person, their whole life, so they can realize their full potential.



Community Health Plan Behavioral Health Goal

*Build an integrated system of care that moves
from crisis and illness as a norm
to recovery and prevention as a practice.*

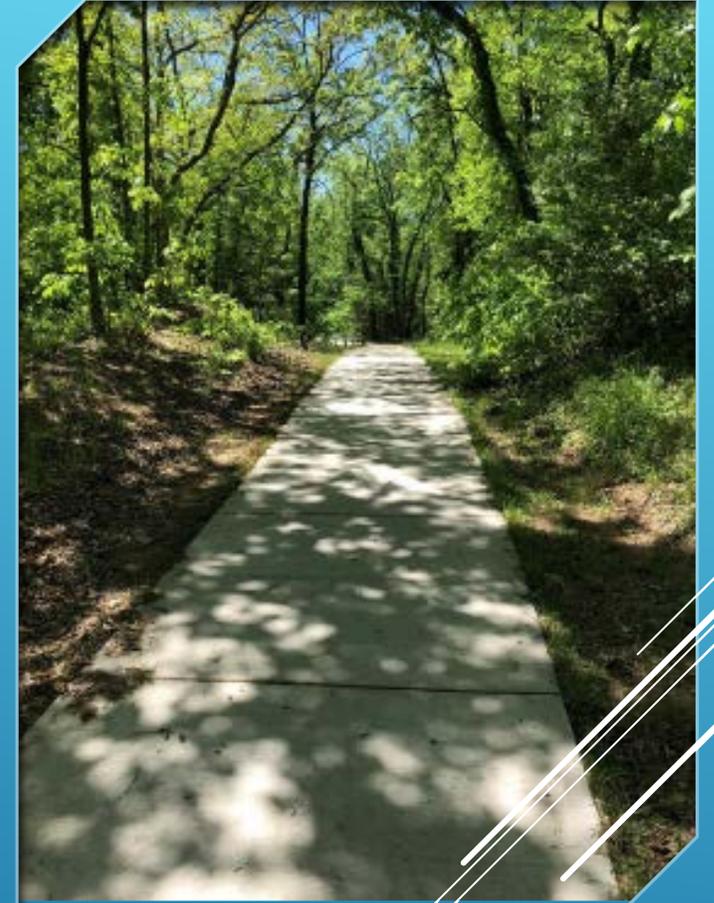


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PUBLIC HEALTH

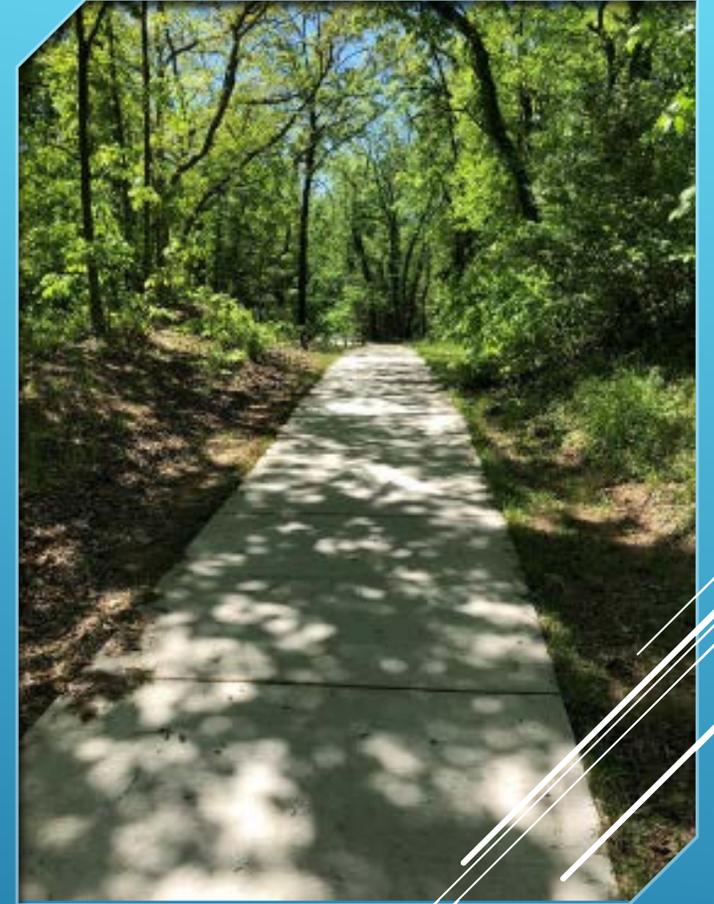
Advancing Health for All

- ▶ Reduce the number of people who present at the emergency department in behavioral health crisis from 3,900 to 3,120.
- ▶ Reduce the percentage of booked individuals at the Douglas County Jail with SMI from 5.5% to 4.95%.
- ▶ Decrease the age-adjusted suicide rate from 16.0 to 14.0 per 100,000 population.
- ▶ Increase the proportion of adults 18 and older with serious mental illness (SMI) who receive treatment by 10%.
- ▶ Decrease the number of youth reporting poor mental well-being from 39.7 percent in 2021 to 33 percent.
- ▶ Decrease the percent of youth who report low perceived risk of harm from drug use from 47.6 percent in 2021 to 42 percent.
- ▶ Promote integration of housing and behavioral health services to further support implementation of the Built for Zero initiative, increase supportive housing services, and achieve Functional Zero for chronically homeless individuals and households by 2028



BEHAVIORAL HEALTH OBJECTIVES

- ▶ How do we build and sustain a 24/7 /365 behavioral health crisis system in a community of our size and in a state without Medicaid expansion?
- ▶ How do we ensure that individuals in crisis receive the right care, in the right setting, EVERY TIME?
- ▶ How do we maximize outside funding sources and foster transparency, accountability, and continuous quality improvement while minimizing competition between agencies?
- ▶ How do we hold coalitions and emerging partnerships together and ensure fiscal discipline and accountability as we move from where we are now to where we want to be five years from now?
- ▶ How should county government effectively leverage its position as convener, strategist, AND funder to pull together behavioral health, justice system, and



CRISIS SYSTEM CHALLENGES



RESULTS

THE FOUR F'S

Function

Finance

Flow

Filosofy





FINAL FLOOR PLAN: FLOW & FUNCTION

Lessons Learned

- Don't underestimate the unspoken will of voters and leaders to change our behavioral health system of care.
- Never misunderestimate the power of the state and federal government to undermine nearly everything you want to do.
- Pressure test all assumptions before you build, borrow, and attempt to unbreak things.
- Be sure to integrate the wisdom of lived experience into everything you do.

